

Strengthening the Health Component of the Cooperative Extension Service

AGRICULTURAL INDUSTRY

4-H

HOME ECONOMICS

COMMUNITY RESOURCE DEVELOPMENT

INTRODUCTION

The Extension System includes a Cooperative Extension Service at each of the state land-grant universities and other land-grant colleges in the 50 states, Puerto Rico, Virgin Islands, Guam and the District of Columbia. Extending the resources of these colleges and universities are Extension workers who are located in nearly every one of the 3,150 counties in the U.S., the District of Columbia and the three outlying areas.

One of Extension's overall educational objectives is to improve the quality of living. Health is an important aspect of this objective. Since its inception in 1914, the Extension Service has been involved to some extent in health programs. Examples of this include analyzing community health needs, assisting to obtain health facilities, developing programs on drug abuse education, and implementing attitudinal changes relative to health practices and nutritional requirements for good health at all ages.

For several years, major emphasis in Extension programs has been given to Food and Nutrition Education to improve the health of family members, both adult and youth.

One of the H's in the Extension youth program, 4-H, is health and 4-H members have participated in activities which are related to personal, family and community health improvements.

Even though considerable work has been done in the area of health by Extension workers in the past, much more can be done in the future if it is more heavily emphasized.

Staff members of Health Services and Mental Health Administration of the Department of Health, Education and Welfare (HEW) have said that the Extension Service system has the potential to reach vast numbers of people in places where the health system has scarce resources. They commend Extension's good record in bringing about economic and social change and believe that Extension educational programs could be helpful if utilized more fully in the health field. Many of the face-to-face communications and the organizational skills the Extension Service has effectively demonstrated in other fields are equally applicable in the field of health.

"All educational programs and activities conducted by the Ohio Cooperative Extension Service are available to all potential clientele on a nondiscriminatory basis without regard to race, color, national origin, sex, or religious affiliation."

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Issued in furtherance of Cooperative Extension Work, acts of May 8 and June 30, 1914, in cooperation with the U. S. Department of Agriculture. Roy M. Kottman, Director of the Cooperative Extension Service, The Ohio State University.

In this regard, a pilot project to "strengthen the health component of the Cooperative Extension Service educational program" was undertaken by the Ohio Cooperative Extension Service in mid-1972. It was partially funded by HEW.

The intent of the project was to develop and demonstrate a model for an ongoing strengthened health education program conducted by the Extension Service through its state, area and local structures, working cooperatively with other appropriate public and private organizations.

At the outset of the project, several points seemed to stand out as important considerations, if an Extension Service were to effectively strengthen its health education component. Much consideration was given to these points as plans were formulated for development of the model.

1. The already over-burdened Extension agent must be *willing* to devote some time and effort to health activities. There is great competition for the time and energies of the Extension field faculty from existing activities and organizations.

2. Extension field faculty must somehow develop a sense of priority for health education.

3. Extension administration needs to be very specific when informing Extension faculty of emphasis on health education.

4. The Extension administrators who allocate rewards to Extension field faculty need to give wholehearted encouragement to health education as a desirable area of endeavor.

5. Existing health organizations must have a proper understanding of the Cooperative Extension Service and its educational role in health education.

6. The Extension Health Specialist should have a thorough understanding of the functions of the Cooperative Extension Service and the ability to work with Extension field faculty in a harmonious manner.

A plan of work with four specific goals was developed to strengthen the health educational program of the Ohio Cooperative Extension Service. The goals were:

1. To develop a strategy for increasing involvement of the Cooperative Extension faculty (state, area and county) through community education in health developments.

2. To develop a close working relationship with the various state agencies and organizations connected with health education.

3. To develop an effective working relationship between and among the Cooperative Extension Service and local health agencies and organizations in order to

assist these groups to find ways of working together more effectively in solving health problems through community education in health developments.

4. To develop a system for disseminating information related to community education in health developments.

An Ad Hoc advisory committee was organized to assist in determining the specific thrust of the project and the counties in which to demonstrate the model. The committee was composed of persons representing the following positions:

Chief—Office of Comprehensive Health Planning,
Ohio Department of Health

Chief—Education Division, Ohio Department of Health

Director—Rural Health, Ohio Regional Medical Program

Cooperative Extension Service Personnel:

Assistant Director and State Leader, Community and Natural Resource Development

Assistant Director and State Leader, Home Economics

Assistant Director and State Leader, 4-H

Area Supervisor

Leader, Studies and Evaluation

Area Community Resource Development Agent

Extension Economist, Community Resource Development

The Ad Hoc Committee met regularly to consider various aspects of the project and to react to ideas proposed by the project leader.

One of the strengths of the Cooperative Extension Service nationally is that each state has its own unique, organizational arrangement designed to meet the needs of the people in that state. Most of these arrangements involve a significant number of Extension inter-staff relationships. In providing increased emphasis in any area such as health education, a clear understanding by all persons involved regarding where responsibility lies for various facets of the program is essential.

AN EXTENSION HEALTH EDUCATION MODEL

Figure 1: The Idea "Extension Health Education"

LEGITIMIZE	ORGANIZE	DEVELOP	INITIATE	EVALUATE
with appropriate administrative groups	advisory committee	program strategy	action program	results which lead back to additional program strategies
Phase 1	Phase 2	Phase 3	Phase 4	Phase 5

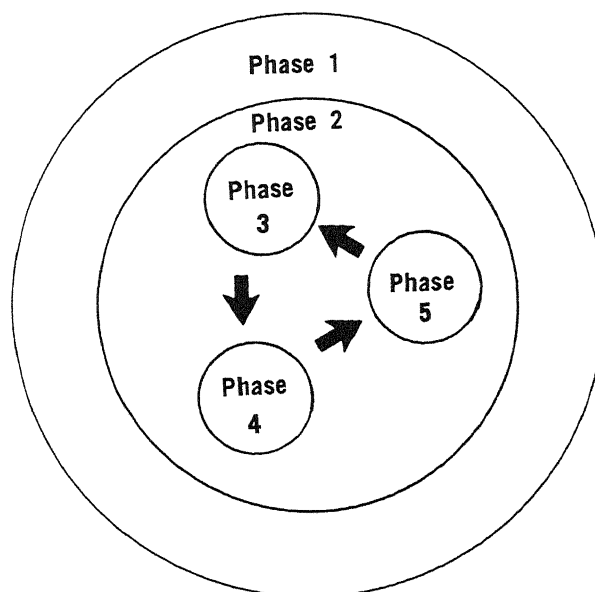


Figure 2. Indicates that the action of Phases 3, 4 and 5 operates within the framework of Phases 1 and 2.

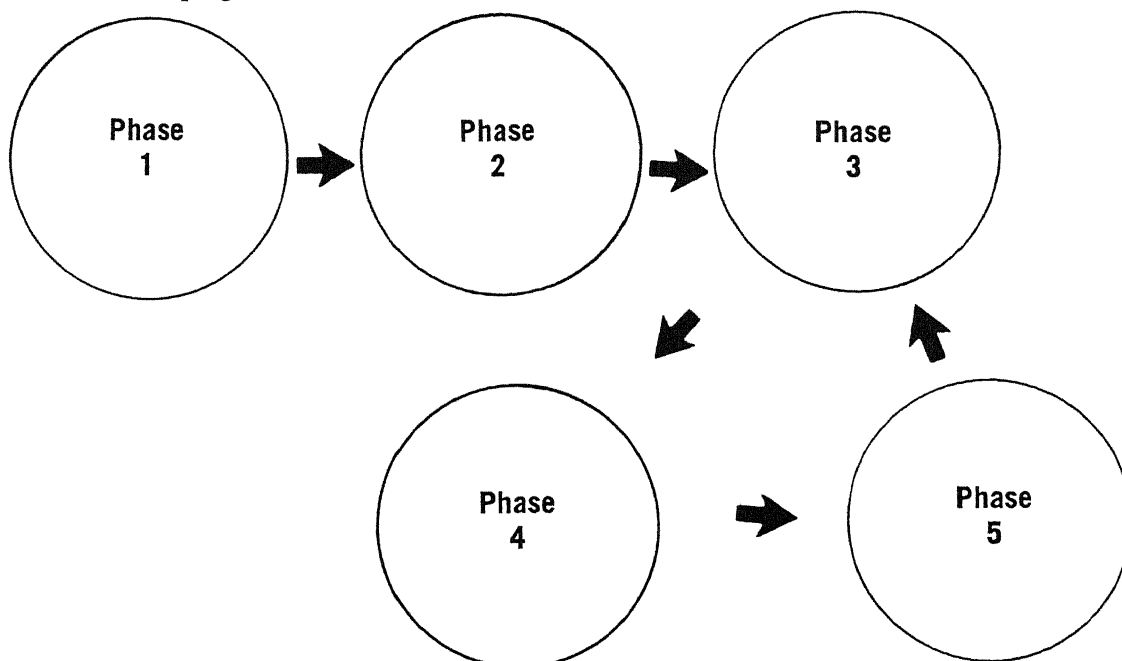


Figure 3. Typical sequencing of phases in the EHE model with particular emphasis upon the triangular path of phases 3, 4 and 5.

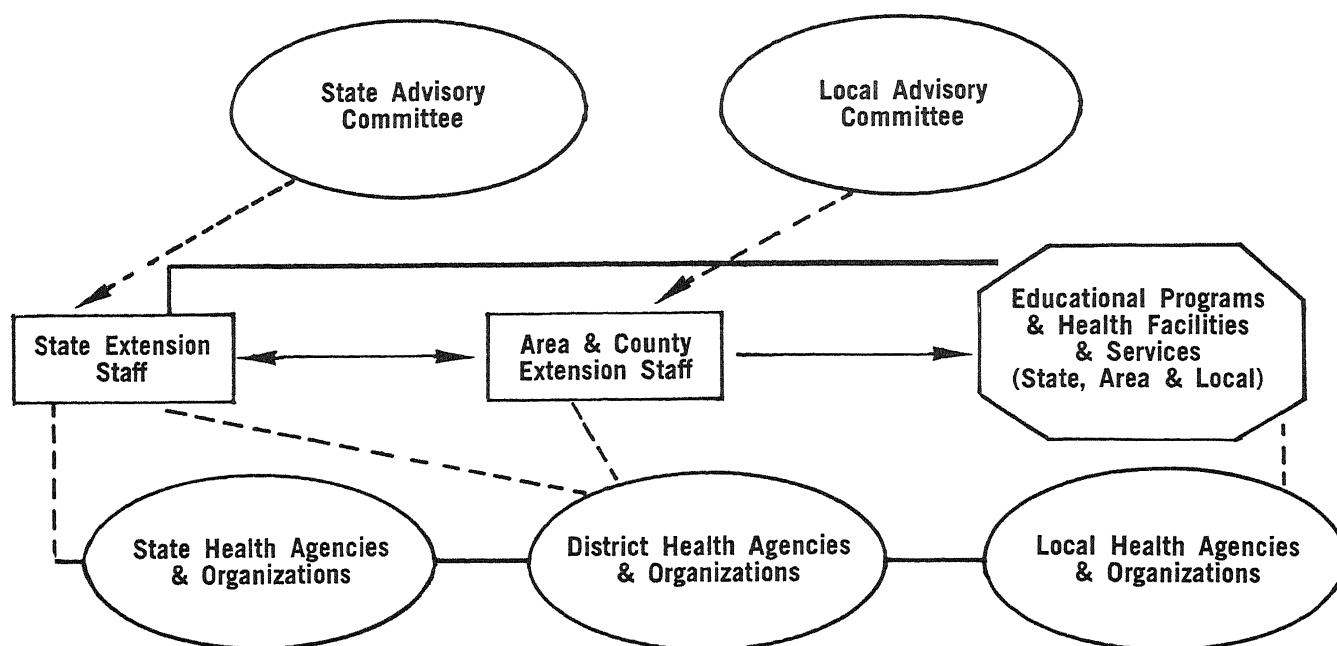


Figure 4. In the Ohio project, the Extension health education model was implemented in the manner diagrammed.

GOAL ACHIEVEMENT RELATED TO THE MODEL

A. Development of a strategy for increasing involvement of the Cooperative Extension faculty.

Increasing involvement of the faculty in health developments is considered an essential part of the model. Since each state has a somewhat different organizational structure, we will report only briefly how the Ohio Cooperative Extension Service accomplished this involvement.

The director of the Ohio Cooperative Extension Service officially informed the Extension faculty that the Extension Service had entered into an agreement to identify and demonstrate acceptable ways in which Extension might adjust programs to give greater emphasis to health considerations in rural community development.

The Community Development Specialist of the Pilot Health Project met with Extension program leaders in community development, home economics and youth. Together they determined the most feasible approaches in which the health project might be implemented in each of these program specialty areas.

The Community Development Specialist of the Pilot Health Project met with Extension Supervisors and local Extension Agents in the selected counties to develop specific strategies for increasing health education programs in those counties. Meetings with Extension Supervisors and local Extension Agents were planned so there was adequate time for an interchange of ideas about health education. Two hours were allocated for this dialogue among participants. The group determined that it would be most helpful if the Community Development Specialist came prepared with several possible program suggestions. County agents in this project were looking for "handles."

The Community Development Specialist of the Pilot Health Project provided training in rural health educational programs. He also initiated plans for involvement of area community development agents and area home economics agents at a workshop on The Ohio State University campus. In addition, he held numerous scheduled meetings with county and area faculty involved in the Pilot Project.

This phase of the model was classed as extremely sensitive and it was deemed absolutely essential that this phase be carefully completed before success could be expected in an Extension health education program.

B. Development of a working relationship with the various state agencies and organizations connected with health education.

More than 25 state agencies and organizations connected with health were contacted and working relationships developed. The Community Development Specialist became familiar with the functions and purposes of the various agencies and, at the same time, relayed the purposes of the Cooperative Extension Service to the agencies.

One of the best examples of this working relationship was the joint preparation of an Extension bulletin, "A Look At Public Health In Ohio,"¹ resulting from collaboration between the Community Development Specialist and members of the Ohio Department of Health.

C. Development of an effective working relationship between the Cooperative Extension Service and local health agencies and organizations to assist these groups

¹ To secure a copy of the bulletin, write to the Office of Information, The Ohio State University, 2120 Fyffe Road, Columbus, Ohio 43210.

to find ways to work together more effectively in solving health problems through community education in health developments.

An effective working relationship was developed through such activities as the Community Development Specialist attending county comprehensive health council meetings, visiting with officials of county health departments, and assisting with local 4-H and Home Economics health activities.

D. Development of a system for disseminating information related to community education in health developments.

At least three specific program areas within the Extension Service could be used to extend health education to citizens of a community. These program areas are Community Resource Development, 4-H Club and Home Economics. Following is a review of what was done within the framework of each of the three:

Community Resource Development

Two County Health Seminars were designed to disseminate information related to community education in health developments. About 30 community health leaders and Extension faculty attended each of the two meetings. Resource persons were from U.S.D.A., HEW, Comprehensive Health Planning and County Health Departments.

The formal evaluation indicated that these seminars were highly successful. Significantly, they did lead to more community involvement in health activities. In one county a new health department facility is now under construction and in another county a whole series of health education efforts have been undertaken; both were a direct result of the seminars.

4-H Club Delivery System

The Community Development Specialist taught 4-H Health Officers in several counties their duties and responsibilities. Suggestions concerning slide sets, films and pamphlets on health were passed along to these 4-H officers. In one county the 4-H clubs took the responsibility for informing the people in rural areas about a new Emergency Medical Services Ambulance program which had been recently adopted for their county.

Home Economics Delivery System

"Health Services Available" was presented as a part of the Extension Home Economics program of work. It was presented in some cases as a leader training session and in others as a county-wide meeting.

In Ohio, dozens of agencies and organizations are involved in the delivery of health services to people. It was apparent from comments made by Extension agents and women in Extension Homemakers Clubs that most citizens were not aware of the many agencies and their services.

Ohio Rural Health Council

The Ohio Rural Health Council (ORHC)² is another vehicle that was used effectively as a delivery system for health education. The ORHC is an independent organization whose purpose is to interest and encourage the people of Ohio to improve individual, family and community health.

More than 40 different organizations and agencies are affiliated with the ORHC.

The Ohio Cooperative Extension Service actively participates in the ORHC by providing a consultant (the community development specialist) who serves as a liaison between the Health Council and Extension personnel. His responsibility is to stimulate groups to take action on health programs. He works with the Executive Committee, which meets three or four times each year, helps plan the annual meeting in April and assists in the planning and conducting of 10 district conferences, held throughout the state during the fall.

The district conferences are planned by a district committee composed of one or two representatives from each of the counties within the district. These county representatives, elected for two-year terms, are usually lay persons from various kinds of community organizations such as Extension Homemakers Clubs, Farm Bureau Women's Committees, Granges and voluntary health groups. Representatives from state and county health departments regularly attend these planning meetings.

The district conferences are directed towards lay persons, although some professionals attend. Publicity for each conference is handled by the local Extension Agent, Home Economics, with assistance from the Area Extension Agent, Home Economics.

In 1975, the primary topic at the District Health Conferences was Child Abuse and Neglect. More than 220 persons were present for the annual meeting of the ORHC and a total of 1,091 attended the district conferences, conducted in October and November.

County and/or community follow-up meetings using the format and materials of the district conferences will be conducted. In this manner, efforts can be multiplied several fold and a sizeable impact made.

IN RETROSPECT

1. An Extension worker's loyalty, energy and activity must be geared to the policy of the Extension work in his state, as administrative arrangements, policies and programs vary from state to state. This means that the new Extension Health Specialist should familiarize himself with the basic policies and arrangements of Extension work in his state.

2. The aim of the Extension health education specialist should be good public relations with other members of the state and county Extension staff in his own state

and with other agencies, organizations and persons—public and private.

3. The specialist is the "spark plug" for the Extension health education program in the state. A large share of the specialist's work is with other Extension workers rather than directly with the local people. An Extension specialist's first responsibility is as a developer of other staff members, especially the county workers, who have the major responsibility for the conduct of Extension work in their counties. Cooperation with

county staffs—keeping them informed, involving them in a program, and aiding them—are principal functions of the state specialist. He often supplements or complements the work of other Extension workers, rather than taking over from them. The successful program develops from “pressure” coming up from the people themselves through the county Extension agents and groups and their regular program planning.

4. The Extension health education specialist inevitably acts in the role of *evangelist* as he develops the new health program. The specialist plays an interpretative role and becomes a “*middleman*” between people and the agencies and organizations with resources to help them solve their problems. Finally, he acts as a *catalyst* in helping to bring together all groups with an interest in and concern for rural health problems and their solutions. In all these roles, the health education specialist needs to constantly analyze educational objectives and methods.

5. If an Extension Service is to accomplish much in a state-wide health education program, there appears to be a need for a committee at the state level to serve and sustain adequate back-up support.

6. The Assistant Extension Director, Agriculture Industry, was not included in the original project Ad Hoc committee. Yet, after careful analysis, it is apparent that many subject matter specialists within this program area are heavily involved in health-related programs. In some instances, Extension agriculture specialists may not think of their programs as focusing on health. Yet, there is a direct relationship to health in such areas as pesticides, waste management, water management and animal nutrition. In other instances, there is a more subtle or indirect relationship. Many of these could be categorized under environmental health. Iowa State Extension Sociologist, Ben Yep, discusses this in his paper, “A Framework for the Study of the Role of Cooperative Extension Service in the Health Field.”³

In addition, Yep provides an interesting analysis of the groups and organizations in the health field in his “Comprehensive Health Framework.” Based upon experiences in this pilot project, Yep’s “Comprehensive Health

³ Health Education Monographs, Volume 3, Number 1, Spring, 1975.

CONCLUDING STATEMENTS

It was not the intent of this project to answer the question of whether or not the Cooperative Extension Service should increase emphasis in health education. Rather, it was to demonstrate how the Extension delivery system could be utilized to conduct successful health education programs.

The commitment to increase Extension’s involvement in health education is discussed by Arkansas’ Extension Director Emeritus C. Austin Vines in an article, “New Thrust for the Cooperative Extension Service.”⁴ Vines served as chairman of the Ad Hoc Committee appointed by the Extension Committee on Organization and Policy which concluded “there was a need for consumer health

⁴ Health Education Monographs, Volume 3, Number 1, Spring, 1975.

Framework” has considerable usefulness for each State Extension Service to develop a conceptual framework for viewing health education efforts.

7. An Ohio Extension Health Task Force consisting of the four assistant Extension program directors plus selected Extension Specialists is meeting periodically to further develop the specific Ohio Cooperative Extension Service Health thrust.

8. Despite an abundance of committees dealing with the various Extension activities, it is probably desirable to have, at the very least, an Ad Hoc county Extension health committee. This committee could be useful if it met once or twice a year to advise county Extension faculty on health concerns and develop a priority list to be tackled.

9. If a state Extension Service decides to use limited resources to develop an effective health education program in selected counties or a geographical area, serious consideration should be given in the selection process to the factors which will insure a successful health education program.

10. In this pilot project, an attempt was made to utilize the services of existing county Extension workers in developing a health education program. This meant that program priorities in the demonstration counties had to be reordered to assign some time to health education. Another approach, if funds permitted, would be to employ an additional county or area Extension worker who would be assigned the specific responsibility for health education on a county and/or area basis.

The Expanded Food and Nutrition Educational Program (EFNEP), which utilizes indigenous aides, has uncovered a need for health education among client families. It is within the realm of possibilities to employ health aides to work within the Extension system to fulfill this need.

11. It seems fairly important to develop relationships on the campus beyond those of the College of Agriculture. The Community Development Specialist for the Pilot Health Project was appointed to serve on The Ohio State University Advisory Committee on Health Education. This is an interdisciplinary university committee, composed of 25 members who meet quarterly to facilitate coordination and offer liaison of the resources for health education within the University.

education and that Extension had the resources through its staffs and delivery systems to conduct successful health education programs.”

Many feel that in order to significantly increase their effectiveness in health education, the Extension Service will need to add more resources to this part of the program. Additional resources might be in the form of money, staff or some combination of the two. In any event, each Extension Service has the opportunity to determine how high of a priority health education should receive in its state.

Significantly, when the pilot health project was concluded in Ohio, administrators of the Ohio Cooperative Extension Service decided to continue the Community Resource Development Health Specialist position on a full time basis, funded from regular Extension sources.

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